

State of Washington Application for a Water Right REGION OF RESIDENCE PROPERTY OF ACULTUS APPLICATION OF THE PROPERTY OF THE PROPERTY

Please follow the attached instructions to avoid unnecessary delays.

Date \_\_\_

In Tro													
Name	oy Rich	ard Farris	3				Home '	Tel:(	509)_	582-	704	3	
Mailing Addres	ss 705	S. Hartfor	d St.				Work 7	Tel:(_50	19)_37	73	439	13	
City Kennewi	ck	Sta	ate WA	Zip+4_99	336_	+	I	FAX:(_	)_				
Section 2.			ERSO	ON TO C	ALL	ABO	OUT T	THE A	APPI	<b>IC</b>	ATI	ON	
Name							Home '	Tel:(	)				
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City													
delationship to	applicar	nt											
Section 3.	STAT	<b>TEMENT</b>	OF II	NTENT									
DESCRIPTIOn to sufficient.							(40)	gal/	min f	or 1	80	davs)	
needed	From _	ter use is pro	_ to _				Indicate	the pe	riod of	f time	that	the water	will be
needed	From _	ER SOUL	_ to _				Indicate	e the pe	riod of	f time	that	the water	will b
needed  Section 4.  If SURFAC  Name the wat lake, etc. If a "unnamed street."	From _ WAT  E WAT  ter source unnamed eam," etc.	ER SOULE e and indicate, write "unna	to RCE	am, spring,	If	f GRO	Indicate	vater	eriod of	f time	that	the water	will b
needed  Section 4.  If SURFAC  Name the wat lake, etc. If a "unnamed street"  Number of di	From _ WAT  E WAT  ter source unnamed eam, " etc.  versions	ER SOULE  ER  e and indicate , write "unna	to _ RCE e if streamed spir	am, spring, ring,"	If A	GRO	UNDV t is des	VATEF	?	f time	that	the water	will be
needed  Section 4.  If SURFAC  Name the wat lake, etc. If to "unnamed street	From _ WAT  E WAT  ter source unnamed eam, " etc.  versions	ER sour e and indicate, write "unna	to _ RCE e if streamed spir	am, spring, ring,"	If A	f GRO permi	UNDV	VATEI ired for	≥	one	we	ell(s).	will b
Section 4.  If SURFACT  Name the wat lake, etc. If a unnamed strunnamed strun	From _  WAT  E WAT  ter source unnamed eam," etcons into (name)	ER SOULE  e and indicate, write "unnace:  N7A  me of body of	to	am, spring, ring,"	If A	f GRO permi	UNDV t is des	VATEFired for	eriod of	one	we	ell(s).	will be
Name the war lake, etc. If "unnamed strumamed	WAT  E WAT  ter source unnamed eam," etcoversions into (nar N/A  orth-sout on corne	ER SOULE  ER and indicate, write "unnace.:  N7A  me of body of the and east-weight and east-weight.	e if streamed spir	am, spring, ring,"	If A Si	ize & 0 8"	UNDV t is des	VATEFired for	eriod of	one	wee	ell(s).	
Name the war lake, etc. If unnamed strumamed s	From _  WAT  E WAT  ter source unnamed eam," etc.  versions into (name)  N/A  orth-sout on corne outh and	ER SOULE  ER and indicate, write "unnace.:  N7A  The and east-weer:  d 1050ft weet.	e if streamed springer dest of	am, spring, ring,"	et fro	permi	UNDV t is des  depth of by 10'  point of ection	VATEFired for	eriod of	one or wi	we we source	ell(s).	ne
needed  Section 4.  If SURFACT  Name the war lake, etc. If a "unnamed strong of discourse flows  LOCATION  Enter the no nearest section	WAT  E WAT  ter source unnamed eam," etcoversions into (nar N/A  orth-sout on corne	ER SOULE  ER  e and indicate , write "unna c.:  N7A  me of body of  h and east-wer:	e if streamed spir	am, spring, ring,"	et fro	permi	UNDV t is des	VATEFired for	eriod of	one or wi	we we source be	t the water	ne
Name the war lake, etc. If unnamed strumamed s	From _  WAT  E WAT  ter source unnamed eam," etc.  versions into (name)  N/A  orth-sout on corne outh and	ER SOULE  ER and indicate, write "unnace.:  N7A  The and east-weer:  d 1050ft weet.	e if streamed springer dest of	am, spring, ring,"	et fro	ize & a 8"	UNDV t is des  depth of by 10'  point of ection	VATEFired for	eriod of	one  or wi	we we source be	t the water	ne

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

Appl. No.: 64-32604

HOH 5. GENERAL WATER SISTEM INFORMATION
Name of system, if named:
Briefly describe your proposed water system. (See instructions.)
A well (8" to 10" casing) to a depth approximately 800ft which will provide
water for home and irrigation of 40 acres. Irrigation will consist of bothh
underground and above ground piping/sprinklers.
Do you already have any water rights or claims associated with this property or system?   YES   NO  PROVIDE DOCUMENTATION.
tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Number of "connections" requested: one Type of connection 1 home and irrigation (Homes, Apartment, Recreational, etc.)
Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
plete C. and D. only if the proposed water system will have fifteen or more connections.
Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
Total number of acres to be irrigated: 39.5
List total number of acres for other specified agricultural uses:
Use home and lawn Acres 0.5
Use livestock water Acres 0.0 Use Acres
Total number of acres to be covered by this application: 40
Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? □ YES 🖔 No.
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ▼ NO If yes, enter permit no:
Farm uses:
Stockwater - Total # of animals 10-20 Animal type horse, cattle (If dairy cattle, see below)  Dairy - # Milking # Non-milking





## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ¬NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From Yakima, follow highway 12 west toward Naches. Turn right 1 mile before Naches at the Allen Brother Warewouse, onto Allen Road. Follow road to stopsign, proceed through intersection and continue to follow Naches-Wenas Rd. up grade and down the other side. Turn left on Longmire Lane. Follow Longmire 1/4 mi, turn left on Conrad Rd. Then turn left of Badger Lane. Road will turn 90 degrees to right, property starts 1/2 mi. Section 10. REQUIRED MAP after trumm turn on S side of rd.

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Currently holding an "Option to purchase real estate" contract for property with intent to purchase in Feb. 1998. The final sale of land has not been completed at the time of submittion of the application for water rights.

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

□ YES XXNO

See Above

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (of authorized representative)

10-22-97

SAME (see 11A above)

Landowner for place of use (if same as applicant, write "same")

Date

We are returning your application for the following reason	n(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above (date).	and return your	application by
cology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

**APPLICATION** 

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).